DOCUMENT RESUME

ED 026 465 VT 004 706

Operation Decision: Community Planning for Nursing in the West.
National League for Nursing, New York, N.Y.
Pub Date Jan 67
Note-54p. Annual Conference of the Western Region Council of State Leagues for Nursing (Nevada, Jan. 16-18, 1967).
Available from-National League for Nursing, 10 Columbus Circle, New York, New York 10019 ($2.00).
EDRS Price MF-$0.25 HC-$2.80
Descriptors-Community Action, Community Development, *Community Planning, *Conference Reports, Educational Change, Health Occupations Education, Health Services, *Nursing, Professional Education, Regional Planning
Identifiers-Operation Decision, *Western Regional Council State Leagues of Nursing

Two hundred and thirty-nine individual and agency members of the Western Region Council of State Leagues for Nursing and representatives of health-related groups in the West, national health-related groups, and federal government agencies attended the Conference which was planned to provide a process experience which could be a guide to action in the local or state setting and an opportunity for representatives of interest groups, including government representatives, to work together on actual problems. Abstracts from a speech by Arthur S. Fleming are included and "Decision Before Action" by Lulu Wolf Hassenplug is presented in entirety. Participants met as regional and state teams and as special interest groups. State team and special interest group recommendations are included and conference participants are listed. (JK)

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NATIONAL LEAGUE FOR NURSING

OPERATION DECISION:

COMMUNITY PLANNING FOR NURSING IN THE WEST

Annual Conference of the Western Region
Council of State Leagues for Nursing

LAS VEGAS, NEVADA — JANUARY 16-18, 1967

VT004706

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NATIONAL LEAGUE FOR NURSING

New York, N.Y. 10025

OPERATION DECISION:

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$2.00

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FOREWORD

Suddenly, simply, it came in focus. It no longer mattered where you were in the region, or what problem you were trying to solve, or with whom you were talking--the questions and the answers held similar meaning and became contained in what was identified repeatedly as "the greatest need--a truly comprehensive, long-range, future-oriented, statewide action plan for nursing."

This realization directly determined the theme and work of the 1967 Western Regional Council of State Leagues for Nursing Conference. Recognizing the interrelatedness of state and regional planning and action, and respecting communities' individual differences and the right to self-determination, we knew the 1967 WRCSLN Conference must be "Operation Decision: Community Planning for Nursing in the West."

This became an important regional assembly where concerned citizens worked in special interest groups, primarily in "state teams," as they faced together nursing's opportunity to move from crises to effective action in the nation's health revolution. The National League for Nursing believes community action is the best way to do this. No one school, institution, agency, or organization--or even one profession or one state--can plan and act independently in our interdependent world. At this work conference we attempted as a region to begin translating this belief into step by step actions to bring better nursing to people in the West; we hope we created a prototype for other regions in the nation.

The proceedings of this conference, indeed, were written by all the participants in Las Vegas. But, if the desired post-conference objectives are to be achieved, this publication should serve as a useful reference, not only for the conference participants, but for many other individuals and groups in the Western Region and elsewhere.

We would like to gratefully acknowledge the assistance of Mrs. Anne Rohweder, San Joaquin Delta College, Stockton, California, who prepared the report.

Grace Theresa Gould
Director, Western Office
National League for Nursing

THE CONFERENCE
FROM CONCEPTION TO BIRTH

"Operation Decision: Community Planning for Nursing in the West," began to happen at the Western Regional Council of State Leagues for Nursing Annual Conference in San Francisco in February, 1966. Participants at this meeting expressed, repeatedly, a kind of anguish about the passage of time and the fact that it did not bring with it comprehensive and definitive planning for meeting nursing problems in the West. Some individuals remarked that they were tired of "stating problems," of "defining vital issues," and of trying to put out fires after they had started -- all this as opposed to planning for prevention. At that conference, participants convened in interest groups.[1] Post-conference comparison of the problems as stated by those groups indicated unanimous agreement that the major need in the Western Region was for special interest groups, including those not represented at the 1966 meeting, to get together and work together locally, regionally, and nationally. Some of the interest groups mentioned the need to involve in planning hospital and educational administrators, legislators, medical and allied health groups, and state boards of nursing. But always the emphasis was on cross-group communication with action as part of the proceedings.

At the end of the 1966 conference, the WRCSLN Executive Committee met with state league presidents and resource persons from the National League for Nursing to consider, among other things, what could be done to meet the participants' demands for action in the future. Typical of the spirit of that meeting and later conference planning committee meetings was a remark by Margaret Harty, who said: "This is what we want to try to accomplish and then we must ask ourselves what mechanism we want to employ."[2] For the next ten months, planning proceeded on much that basis.

A large planning committee, representing the 13 western states and the NLN met in June, 1966, and appointed a smaller, geographically convenient group to work out details and mechanics. Representatives from NLN repeatedly pledged complete moral and financial support for the efforts of its Western constituents. Under the chairmanship of Elinor Stanford, the deliberations of the planning subcommittee can best be summarized by notes of the November meeting with Warren Schmidt, who was eventually appointed conference director:

The conference is perceived as a vehicle for bringing together people from each state who have a concern for good nursing services and who see themselves as self-appointed agents for planning such services. If the participants from a state would work with each other to begin developing a plan to achieve optimum nursing for citizens by 1970. . . . the conference would help to develop a core group of people in each state who will:

1. recognize the problems of nursing;
2. feel responsible for working together in the back-home situation, as well as for involving key people in developing plans and in implementing a program for action to achieve their goals; and
3. feel responsible for interpreting to their Governor and other state officials the actions that are necessary if they want to have optimum nursing services for the citizens in their state by 1970.[3]

The two major goals for the projected conference were seen as concurrent themes to be worked out in conference activities: (1) to provide a process experience which could be a guide to action in the local or state setting, and (2) to provide an opportunity for representatives of interest groups, including government representatives, to work together on actual problems. If the conference was to be successful, it would result in individual and group commitment to action after the conference.

With the addition of Dr. Schmidt's suggestions, finalized plans for the conference included the following elements:

1. Cross-state and cross-interest groups meeting on the first day for initial outlining of issues to be considered, data needed for problem solving, and forces at work to impede or promote progress in the improvement of nursing services. These groups would be called "Regional Advisory Teams."
2. Special interest groups to meet and formulate recommendations to the action planning groups.
3. State-oriented, cross-discipline groups to work on resolution of issues, using reference materials from the two preceding groups. Printed reference material was to be available to these groups, as well as consultative service from NLN staff and other attending agency representatives. These state teams were to produce, on the last day, a "Declaration of Commitment" outlining the actions to be taken in each state after the conference.[4]

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1 Special interest groups included: Careers, Associate Degree Programs, Baccalaureate and Higher Degree Programs, Diploma Programs, Practical/Vocational Nursing Programs, Inservice and Continuing Education, Nursing Service and Representatives of State Boards of Nursing.
2 From minutes of WRCSLN Executive Committee meeting, February 1, 1966.
3 From minutes of planning subcommittee meeting, November 15, 1966.
4 See Appendix A for conference agenda and activity flow chart.

Las Vegas was selected as a centrally located and attractive spot for a winter meeting, and individuals and groups or agencies representing a cross-section of citizens and groups conceivably concerned with quality nursing care were invited to attend. A special letter was sent to the Governors of the 13 Western states over the signature of Lois Austin, President, National League for Nursing, inviting them to come or send representatives.[5]

Thus it was that on January 16, 1967, "Operation Decision" became a reality for some 239 participants who responded to the invitation to action.

FROM BIRTH TO MATURITY
OPERATION DECISION AS IT HAPPENED

To help each participant get into a working frame of mind, the conference began with two stimulating presentations. An address by Dr. Arthur Flemming, President of the University of Oregon and former Secretary of Health, Education and Welfare, is not available for publication at this time. However, certain points from his presentation are worthy of note:

1. He is in full agreement with the ANA Position Paper on Nursing Education.
2. Practices in existence have resulted in many social injustices, and society has no right to penalize those who serve humanity (though no one goes into this profession to become wealthy.)
3. There is a need to provide adequate compensation to nurses.
4. Group should read the report of the Task Force.
5. There is a need for identification of the process of administration; any process which ignores or negates it creates problems.
6. Locating authority is essential in order to know who has the right to make decisions.
7. This is all interrelated with defining and redefining the objectives of the organization, understanding organization structure, functions, operating procedures, and maintaining contact with other groups for adequate communication.
8. Emphasis or reorganization furthers the purposes, goals, and the programs of the organization and its objectives, with emphasis on the importance of communication.
9. Major thrust and community planning is a must if nursing is to measure up.
10. Studies at the national level are of little import unless followed up by studies at the local level.

The national organization has studied and made recommendations of high order. The local areas (including his town of Eugene, Oregon) have not felt the impact. In relation to this, he said the following:

1. We must give consideration to people's needs through study of the distribution of nurses, and related facts.
2. Citizens will not become aware of the needs unless the <u>community</u> needs are made known to them.
3. There is a need to determine the gap between the <u>need</u> and the supply of adequately prepared nursing personnel.
4. The national fact sheets, perspectives, and reports are very helpful, but citizens at the local level are not seriously impressed unless provided similar information at the <u>local</u> level; it has to be brought down to the area in which people live.
5. Communities are not really aware of nurses' salaries <u>locally</u> compared with those elsewhere, inequities, and costs of medical care.
6. The community needs to see the relationship between high quality nursing service and the care given, between hospital costs and education given in schools, and the role the community college can play in improving quality. There is presently a positive role being developed between hospitals and community colleges. The community colleges cannot do it by themselves; they must have total support from the community which they serve. We need to present facts regarding the community college and give facts to the public to whom the community college looks for support. We must bring the community to the place of understanding and maintain this understanding as we move long.

There were three objectives of the Task Force as he saw it:

1. Sufficient financial support for an executive secretary. At least half-time; preferably full-time--plus a secretary.

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5 See Appendix B for list of agencies invited to send representatives and roster of actual participants. Starred names indicate representatives of Governors.

2. Recognition of the constituent league. There should be stronger emphasis on this. Local action is imperative if it is ever to have impact. Resources are in the community; they can do studies if someone can go in and approach them in a positive way.

3. Review the ANA statement regarding the care aspect of nursing. It is a very effective statement. It is the very heart of human relationship and required competence. It is asking much, but can and should solve the problems of recruitment, education, and so on. The young will be challenged, and they need this--it is what the Peace Corps and the VISTA Program have offered. The young respond to needs.

Dr. Hassenplug's presentation is included here in its entirety.

DECISION BEFORE ACTION

Lulu Wolf Hassenplug

Looking back I suppose we would all agree that 1966 was a banner year for American nursing. Some of us think of it as the year in which nursing received wide publicity and much public support. Others think of it as the year in which hospital and public health nurses rebelled against low salaries and poor working conditions and finally succeeded in getting an economic revolution under way. Many think of it as the year the ANA, speaking for the nursing profession, issued a position paper which defined two types of nursing practice on the basis of education: professional and technical. Still others think of it as the year the Health Insurance for the Aged Act (Medicare) went into effect and a broad new health program for nearly every American over 65 years of age became a reality.

Whatever those of us here think about the happenings of the past year, it is obvious that we must think and think together, if we are to plan together and move together to insure more adequate nursing care for patients this coming year and in the years just ahead.

We know that the nursing care needs of our patients in the West cannot be met by any one group of health workers or by one State group working alone, thus the Western Council of State Leagues for Nursing has called this conference to make it possible for many individuals who represent a variety of institutions, agencies and organizations concerned with health care to get together and decide together what to do to alleviate present shortages of nursing personnel and correct inadequacies in the fields of nursing education and nursing service.

This of course is no small task. Each of us has brought with us our own opinions and biases and the groups we represent have their own special interests, but the problems we face--the ones that we must solve if we are to provide better nursing education programs and better nursing services--are problems common to all of us.

At no time in our history have so many talked and written about nurses, nursing and education for nursing. At long last, the public is becoming concerned about us--who we are, how and where we receive our education and whether or not we are adequately rewarded for our services. Now that health protection is considered a basic right for all children and adults who need it and the demand for nursing care is steadily increasing, "why" there is a shortage of 125,000 nurses and "what is being done about it " are topics of interest to everyone.

When the 90th Congress begins its deliberations this month, I think we have reason to believe that nursing and particularly the economics of nursing will receive increasing attention. For example, mandatory social security coverage for nurses and tax deductions for education and for child care greatly affect nurses' salaries and all of these fall within the jurisdiction of the federal government. Sometimes these particular factors determine whether or not a nurse will continue to practice her profession or return to it after marriage and motherhood.

Inactive Registered Nurses

When we remember that only a little more than half of our registered professional nurses are practicing their profession and about one fourth of these are working only part-time, we can see why greater interest should be expressed in the economics of the nursing profession by our Senators and Representatives and by those of us here.

Suppose for instance, we could locate in each of our States, all of the nurses who are registered but not working in nursing, isn't it feasible to expect that a significant percentage of them would return to nursing if working conditions could be adjusted to their needs and the training required to update their knowledge and skill could be provided? Do we know how many of these nurses are hidden throughout each of our States? Recent estimates indicate that we have about 38,000 nurses registered in the State of California who are not working in nursing. True, some of these may not be able to work in nursing and some may not even reside in California but shouldn't we be trying to inventory these nurses with a view to helping them return to nursing? Naturally this will take time but with the cooperation of our State Nurses Associations, State Health Departments, our State Boards of Nursing and our Leagues, couldn't we find these nurses, assess their needs and help them get prepared to function again in nursing? If we can recruit back into our nursing services twenty to twenty-five percent of these nurses within the next twelve months, wouldn't this make quite a difference in many nursing services and nursing education situations? To do this, we may have to establish and staff 24-hour child care centers or nurseries near our hospitals and health agencies, but these we should have had long ago. Finding and retraining registered nurses will not alleviate all of our shortage problems but is will give us nurses in a shorter period of time than we can prepare them in

our schools of nursing. And many of these nurses will have had professional and life experiences which could be a distinct asset in some of our extended health care services, nursing services and our nursing education programs.

The pool of talent for the nursing profession is too small and the demands upon it too great for us to think we can provide enough nurses within the next three to five years to meet our nursing service needs through our existing nursing education programs. Since the salaries of hospital and public health nurses are becoming more and more comparable to those in alternative occupations, I think that more and more registered nurses not now employed in nursing will consider the possibility of returning to their profession if they can figure out a way to do it. Thus, while we are here, we should decide what we can do in each of our States to locate, retrain and recruit back into active practice, those inactive nurses residing in our Western States who are interested, willing and capable of making a contribution to nursing.

Active Registered Nurses

Now what about our employed nurses in the West? Do we know how many of these nurses we have and whether or not they have the preparation they need for the positions they hold? How do we judge their preparation?

In 1957, the National League for Nursing estimated[1] that 67 percent of our employed registered nurses worked in situations where supervision and direction were available and expected. For this group, preparation in a diploma or associate degree program was seen as essential. For the 20 percent who were employed in situations that required a greater degree of independence and supervision of other workers, baccalaureate degree preparation was recommended. And for the 13 percent found in leadership positions (teaching, supervision, administration and the like) preparation at the master or doctoral level was envisioned.

How many active registered nurses do we have in each of our states with each of these academic credentials? Could we get this information? Would it be useful information which could guide us in staffing our nursing services and our nursing education programs in planning for our nursing education programs in the future and for recruitment into these programs?

Just after the Report of the Surgeon General's Consultant Group on Nursing was published, the Western Council on Higher Education for Nursing went on record as recognizing three categories of nurse practitioners which could clearly be identified on the basis of their education. These categories were professional, technical, and vocational and were described as follows:

Professional--prepared in a baccalaureate degree program. These nurses are qualified to plan, organize, and provide complete nursing care to patients in hospitals, offices and homes. In addition, they are prepared to function as team leaders and to work with allied professional groups in planning and implementing continuity of patient care and in promoting and implementing optimum family and community health programs.

Technical--prepared in a diploma or associate degree program. This nurse is qualified to provide complete technical nursing care to patients in hospitals, offices, or homes, where supervision is available from physicians and from nurses with preparation at the baccalaureate or higher degree level.

Vocational--prepared in a certificate program. This nurse is qualified to nurse certain kinds of patients and to give certain medications and treatments under the supervision of physicians and/or registered nurses. The patients served by these workers may be in hospitals, offices, or homes.[2]

This statement made by the Western Council on Higher Education for Nursing in 1963 was communicated to both the National League for Nursing and the American Nurses' Association because the Council believed that the time had come for nursing to spell out what our three different types of nurse practitioners could and should do on the basis of their education. And, in the hope of facilitating more appropriate utilization of these differently prepared nurses, the Council recommended to both National organizations that steps be taken to enact legislation that would differentiate nurses who qualify for licensure as professional practitioners from those who qualify for licensure as technical practitioners.

At present, we do recognize the educational difference between the registered nurse and the vocational or practical nurse by requiring different State examinations for the two types of licensure but we make no such legal differentiation between registered nurses prepared in our baccalaureate programs and those prepared in either an associate degree or a dipolma program. Lack of such differentiation may be the single greatest deterrent to improvement and stability in our nursing services situations. Certainly it has hampered the economic position of nurses prepared in baccalaureate programs and it has had a very unfavorable effect upon recruitment into these programs.

Shouldn't we decide while we are here what we can do and should do about changing this situation? We have a number of representatives from our State Boards of Nursing Education present and this seems an ideal time to discuss this problem and decide upon a course of action. Obviously our course of action must be in favor of differentiating nurses according to their education by State examinations and State licensure; otherwise there will be little chance of securing a salary differential for the better prepared professional nurse and the work assignments of nursing practitioners will continue to be made indiscriminately.

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1 Nurses for a Growing Nation. New York: NLN, 1957
2 Utilization of Nursing Personnel. WICHE, Boulder, Colorado, October, 1963.

Unless we can categorize our present supply of nurse practitioners and state quite clearly what each category of nurse is prepared to do, we cannot hope to staff patient care units intelligently.

When we know what percentage of employed nurses we have with each type of preparation--diploma, associate degree, baccalaureate and higher degree-we will be better able to judge how adequately prepared they are for the position they have assumed and what, if any, additional preparation they need. Funds for continuing education, for short-term traineeships and for long-term traineeships and fellowships are now available to help employed nurses increase or update their knowledge and skills--but to use these funds wisely and to decide which nurses to release and for what additional preparation, we must know the characteristics of our available nursing manpower.

This information will also help us decide how many more nurses we need with each kind of preparation. Until we know this, we cannot say what kinds of nursing education programs we need in each of our States and within the region. Nor can we decide which types of programs should receive priority in terms of recruitment of students. Once we decide what we need in our registered nurse work force in relation to numbers and preparation--quantity and quality-- we can decide what kinds of programs we should be supporting in each state.

Education of Nursing in the West

We now have 11 graduate programs in the West, 126 programs that prepare nurses at the practitioner level and 140 practical or vocational nursing programs. Of the graduate programs, one leads to the Doctor of Nursing Science, and 10 to the Masters degree. Of those that prepare new nurses 35 are baccalaureate, 44 are associate degree and 47 are diploma programs.[3]

With few exceptions, all full-time faculty members in our baccalaureate and higher degree programs have masters degrees and a growing number of these hold doctorates. In our associate degree programs, well over half of the faculty have masters preparation and in our diploma and practical nurse programs over half of the teaching staff hold baccalaureate degrees.

Graduations from our masters programs in 1964 totalled 283. While this was about twice the number we graduated five years earlier in 1959, it was still far from adequate to meet the need for nurses with graduate level preparation just to serve as faculty members in our existing nursing education programs. If we are to provide this preparation for most of our teachers, supervisors and administrators, we should be graduating five to six times that number of 1970.

In January 1965, we had only 520 nurses enrolled in our graduate programs so you see the job ahead of us.

We must have more nurses prepared at the masters and doctoral levels to serve as faculty members in our schools of nursing if we are to improve our present educational programs and increase the number of students we are preparing in these programs. This means that we must find a way to encourage more of our nurses with baccalaureate preparation to enter our graduate programs.

Recent estimates indicate that the West has a larger percentage of its nurses with baccalaureate preparation than does the country as a whole but we are still far from achieving the 33 percent composition recommended by the NLN in 1957.

We had only 6,500 students enrolled in our baccalaureate programs in the West in January 1965 when estimates indicated we could have accommodated 7,500 with the faculty and facilities available at that time. Thus, while we are here we must decide what we can do to improve the recruitment of students into our masters and baccalaureate programs.

The Surgeon General's Consultant Group focused its attention on the preparation of nurses at the baccalaureate and masters level and recommended that highest priority for expansion of nursing programs should be in these programs. And this Group also indicated that a fourfold growth of associate degree programs was anticipated by 1970.[4]

In May 1965, at its biennial convention in San Francisco, the National League for Nursing recognized and strongly supported the trend toward college-based programs of nursing when the membership approved Resolution No. 5. This resolution recommended community planning to increase the number of applicants to college and university programs and to "implement the orderly movement of nursing education into institutions of higher education in such a way that the flow of nurses into the community will not be interrupted." This was published in the June, 1965, issue of Nursing Outlook in its Convention Report.

In December 1965, the American Nurses' Association, speaking for the profession of nursing, published its position paper on education for nursing which was eventually accepted by the membership at its biennial convention in San Francisco in May 1966. Both Resolution No. 5 of the League and the position paper of the ANA are in basic agreement and neither differ too much from the position on education for nursing taken by WCHEN in 1963 except that the ANA did not recommend the continuation of the category of vocational or practical nurses as such. These workers were categorized as assistants to nurses and it was indicated that their pre-service preparation along with that of nurses' aides and orderlies should be located in vocational education institutions.

The ANA statement also indicated that "education for those who work in nursing should take place in

3 Today and Tomorrow in Western Nursing. WICHE, University East Campus, Boulder, Colorado, 80302, April, 1966.

4 Toward Quality in Nursing: Needs and Goals. U. S. Department of Health, Education and Welfare, Public Health Service, Publication 92, Washington, D. C. 1963.

institutions of learning within the general system of education" and identified two categories of nurses--professional and technical--on the basis of education. The point was made quite clear that minimum preparation for professional nursing practice should be baccalaureate education in nursing and minimum preparation for technical nursing practice should be associate degree education in nursing.

Most of us know we have been moving in this direction for some time here in the West. In 1965, about 60 percent of all of the students enrolled in our preservice nursing programs were in associate or baccalaureate degree programs. In the States of Nevada and Wyoming all of these students are enrolled in programs established in colleges or universities. How soon this will come about in the other eleven of our Western States is difficult to say but we are moving in this direction.

Publicly supported junior or community colleges are now being established in most of our Western States and as these are placed in areas adjacent to established hospitals and extended care facilities, we may anticipate the establishment of additional associate degree nursing programs and when it is demonstrated that these associate degree programs can assume the responsibility for training as many or more nurses in each state as are now trained in our diploma programs, it is logical to expect that hospitals will close their nurse training programs.

However, until we can insure that the present flow of technical nurses into each of our communities will not be interrupted, we should think twice before we take steps to close any of our diploma programs. As members of the League, we are on record as endorsing "educational planning for nursing at local, state, regional and national levels to the end that through an orderly development a desirable balance of nursing personnel with various kinds of preparation become available to meet the nursing needs of the nation and to insure the uninterrupted flow of nurses into the community."[5]

This requires that all of us working together in each of our States explore and examine all facets of the situation before making the decision to discontinue any of the programs we are now offering. Such matters as the availability of qualified faculty and other academic resources, the adequacy of financing, the potential for recruitment of students and the availability of appropriate clinical facilities must be thoroughly investigated before the decision to initiate a new program or discontinue an old one can be made.

While these may be the days of instant colleges we must see to it that these are <u>not</u> the days of instant nursing education programs. Expert consultation is available to help us think through the possibilities and problems related to the establishment of new university and college programs and we should seek this help before we start changing from one type of nursing education program to another or before we announce we are closing or opening a nursing program. As nurses we can not abrogate this responsibility and while we are here we must involve our State Groups in work leading to decisions of this nature.

Those practical or vocational nursing programs which now require high school graduation for entrance, will in all probability be restructured and evolve into associate degree nursing programs sometime in the future. Others that require less than high school preparation for entrance may become short intensive programs for the preparation of aides or assistant nursing personnel. Changes of this nature are certainly on the horizon. But before we move in this direction we must take time to study the situation in each of our communities and make decisions based upon the demonstrated nursing manpower needs of our communities, and the facts we can uncover regarding the potential resources of personnel and facilities. This will require the best judgment of those of us responsible for community action programs.

Last week it was announced by the Social Security Administration that 2,502 nursing homes have been certified as extended care facilities eligible to participate in Medicare. And it was estimated that another three to four hundred such institutions would be certified by the end of this month bringing the total number of beds available in the program to 200,000. These facilities require skilled nursing care as well as assistant nursing personnel and a great number of these facilities are located in the Western Region. Thus, we who are here to make decisions for each of our States as to future directions for the education of nursing personnel with various kinds of preparation must take time to consider the variety of issues related to our problems.

<u>Utilization of Nursing Personnel</u>

Along with the study of our nursing education programs must go the study of our nursing service situations. Whether we like it or not, great demands will be made upon all of us to provide more nursing care to more patients in the future and this means we must organize our nursing services in such a way as to accomplish this effectively. If we believe that in the future we will be preparing nurses for two different kinds of nursing practice--professional and technical--shouldn't we decide now how we can adjust our nursing service staffing patterns to accommodate these two types of workers?

If both professional and technical nurses are to be freed from the many nonnursing activities they have assumed over the past twenty years, how will this affect nursing assignments? If, at long last, nurses are to be assigned to <u>nurse</u> patients or to provide patients with the kind and amount of nursing care they need when and where they need it, how will this change what nurses do? Can we reorganize our nursing services to make possible nursing care of patients by nurses--both professional and technical? What do we think we should do to improve the utilization of our available nursing personnel? What do we see as the mission of nursing?

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5 Taken from Resolution No. 5

If we believe that we can structure our nursing services in such a way that nurses will be responsible for nursing patients and some one else will be responsible for "running" the ward units, shouldn't we be deciding to try this out in one or more areas of one or more hospitals in each of our local communities? And if all of our new nurses, like other new workers, need orientation to the hospital or health agency when they are first employed in that agency, shouldn't we be developing one or more units in each of our agencies to provide this ongoing orientation and inservice education?

Continuing education, extension course work and short- and long-term educational programs are the responsibility of our educational institutions but orientation to the job and inservice education while on the job are the responsibility of our nursing service agencies. Thus, another decision we must make while here is what we can do to improve the orientation and utilization of our available nursing service personnel.

We know that some of our medical colleagues are beginning to say they will need well qualified nurses with special training to help them and to take over some of their routine medical functions. We also know that some of these well qualified nurses are beginning to question taking over more of the technical tasks formerly thought to be the exclusive domain of the physician. Their questions relate not only to the fact that if they become technical assistants to physicians they will no longer be able to function as nurses, they also relate to whether or not they can take over these responsibilities legally, since by training they are not the most competent persons to perform them. Thus another decision we must eventually make is whether or not we will condone and support training programs for nurses which are aimed to prepare them to become assistant medical doctors.

Thinking together before we make decisions is imperative since our decisions about nursing practice will affect our decisions about nursing education and vice versa. Decisions have the effect of maintaining an existing course of action in the face of alternatives or charting a new course of action. They are important events in our lives since they do, in fact, shape our destiny. But decisions must be made before we can proceed with any community action that will affect our nursing services or our programs of nursing education.

Summary

The decisions which I see as essential for us to make together while we are here are those that determine the following:

1. What we will try to do to identify and recruit back into our nursing work force our inactive, able and potentially useful registered nurses.

2. What we will try to do to develop more fully the potential of those of us who are in active practice.

3. What we can do to determine how many additional nurses we need with what kind of preparation to staff our nursing education programs and our nursing services.

4. What we can do to determine how many additional nurses we need with what types of preparation to attain a registered nurse work force comprised of 13 percent with graduate education, 20 percent with baccalaureate education and 67 percent with technical preparation secured in diploma or associate degree programs.

5. What we can do to change or expand our present nursing education programs to provide the number of nurses needed with the appropriate type of education.

This is a big order! But then, we are big people living in a big region. Since we elected to live here and work here, let's try to make the right decisions so we can continue to live well, enjoy our work, and get good nursing care when and where we need it.

GETTING TO WORK

Following these mandates to action, Regional Advisory Teams were formed and given instructions for the afternoon's work. By 4:30 on that first day, each of six groups had produced material for the typist to ready for distribution as reference material to State Teams the following morning. On Tuesday morning, each State Team was assigned a nursing service issue; on Tuesday afternoon each team was assigned a nursing education issue. The issues identified by the Regional Advisory Teams on Monday and distributed to State Teams on Tuesday are listed below.[6] The state or states listed with the issue indicates the team assigned. It will be noted that California, with over 90 registrants, divided into four subteams, while several states with smaller numbers of registrants combined to form a work-sized team.

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6 The issues listed and all other productions of groups included in this report are included as they were actually developed; only minor grammatical changes have been made. The emphasis throughout the conference was on making decisions, not producing material for publication.

NURSING SERVICE ISSUES

1. What is modern health care?
(not assigned)

2. How can nursing personnel, co-workers on the health team and the general public be made aware of the scope of modern health care?
(Arizona)

3. How can we prepare, recruit and reactivate nurses (nursing personnel) to function within the context of modern health care?
(California)

4. How can we utilize the "Criteria for Evaluation of Quality Nursing Care"?
(not assigned)

5. How can we pay the nurse equitably in relation to her responsibilities?
(California)

6. How can we teach the nurse to evaluate patient care and performance?
(not assigned)

7. How can we effectively get the nurse to teach patients, family members and personnel?
(California)

8. How can we handle staffing problems (e.g., utilization of staff and ratio of various levels of personnel)?
(California)

9. Should nonnursing personnel take over management functions related to indirect patient care?
(Colorado)

10. Is there a need for visible administration at the operational level in all health agencies?
(Wyoming)

11. Should nurses limit functions to those primarily associated with direct patient care, cure, and coordination?
(Nevada)

12. Should we develop experimental models using conceptual framework for nursing care developed by the professional nurse rather than the technical nurse?
(Oregon)

13. How can nurses implement their responsibility to provide comprehensive state health planning?
(Washington)

14. How do we develop the nurse practitioner to her maximum potential?
(Hawaii, Utah, Montana)

15. How can we better obtain qualified personnel?
(Idaho, Alaska, New Mexico)

16. Whose responsibility is inservice education and re-orientation?
(not assigned)

17. How can we free nurses of non-nursing functions?
(not assigned)

NURSING EDUCATION ISSUES

1. What is the university's role in providing continuing education for all Registered Nurses?
(Arizona)

2. How can diploma programs fit in today's milieu?
(California)

3. What changes are needed in faculty preparation, to meet 1970 needs?
(California)

4. How can we handle problems of articulation between various nursing programs?
(California)

5. How can we handle the need for restatement of educational roles of existing types of schools in a period of transition?
(California)

6. How can we best prepare and differentiate between technical and professional practitioners, assuming utilization of that preparation?
(Colorado)

7. Who should be responsible for recruitment?
(Wyoming)

8. How can we strengthen present use of qualified faculty?
(Nevada)

9. How can the licensed practical nurse continue in the evolving concepts of staffing?
(not assigned)

10. How are we going to "communicate" the different levels of nursing to the community, consumer, and general educators?
(Washington)

11. How can we accomplish the coordinate efforts of nursing service and nursing education in planning for education and service?
(Montana, Hawaii, Utah)

12. Are we preparing nurses for 1970? How can communities anticipate nursing care needs for 1970?
(not assigned)

13. What is the professional commitment for differential recruitment?
(Oregon)

14. How can communities best prepare ancillary nursing personnel (such as home health aides) for 24-hour care at home?
(Idaho, New Mexico, Alaska)

Along with the assignment to issues, each team received a copy of material developed by Regional Advisory Teams relative to data needed for problem solving and forces for and against the improvement of nursing services. The decision to assign issues to teams rather than allow selection was based on several considerations. Issues or problems stated at the 1965 and 1966 WRCSLN annual meetings (and at this conference) did not differ significantly, nor was it anticipated that they would. Issues, as stated, seemed significant to every state and constituted regional as well as local problems. It was believed that the post-conference sharing of work on ten or more issues would get better mileage out of a three-day conference than would the possible duplication of effort on three or four priority issues.

As the State Teams worked, they followed a structured format as outlined in the workbook issued to each participant upon arrival. The format included worksheets asking for decisions or suggestions about: (1) data needed for issue resolution, and where such data could be obtained; (2) key persons or groups who should be involved in issue resolutions; (3) possible solutions or suggestions for resolution.[7] The same format was followed by the groups in working on both nursing service and nursing education issues.[8]

On Tuesday afternoon, all participants changed hats for the third time in two days and reassembled in interest groups. For the first time in the Western region, state board of nursing representatives formed a separate interest group. Participants not naturally or formally identified with a particular group joined the group of their choice. The same people who now met from the point of view of vested interest had been working for two days as part of a multidisciplinary team attacking a common problem. They were now asked, as people with special competency in a given area, to produce recommendations for consideration by State Teams on Wednesday morning. They were told that these recommendations should focus either on special points to be considered in planning for action at home or on suggestions for utilization of members of special interest groups in resolving issues. The recommendations and suggestions from these groups, as typed and distributed to State Teams on Wednesday morning, were as follows:

Recommendations To State Teams From Interest Groups

Associated Degree

1. That the function and preparation of the associate degree nurse be specifically identified and then communicated to community and professional groups. (To include ways in which the AD nurse meets the needs of the community.)

2. That consideration be given for future development of articulation patterns between AD and other programs.

3. That there be coordinated community planning for finding and using clinical teaching facilities. (To include broadening the definition of clinical facilities to mean other than hospital-based learning experiences.)

4. That there be a re-evaluation of teaching methods for specialty areas such as OR, MCN, Psychiatry.

5. That attention be given by graduate programs to adequate preparation of AD nursing faculty, who need special preparation.

6. That Community Colleges employ faculty of AD nursing programs prior to the beginning of the program, for purposes of orientation and curriculum planning.

7. That, in the development and operation of the nursing program, the balance of decision making rest with nursing faculty, as opposed to other disciplines.

Baccalaureate and Higher Degree

1. That provision be made for better collection and retrieval of data regarding baccalaureate programs (e.g., enrollment, graduation, preparation of faculty).

2. That standard definitions be established to differentiate between full- and part-time students.

3. That NLN be requested to initiate action to establish two different examinations for licensure of professional and technical nurses, with determination of minimal competency for each type of practice.

4. That conferences be held to encourage the judicious growth of educational programs for nursing in colleges and universities. The initiation of these programs should proceed only after careful evaluation of the needs of the area to be served and availability of clinical, financial, and faculty resources.

5. That more of the recent graduates of baccalaureate programs be encouraged to embark upon graduate study programs. (This group feels that current financial and teaching resources could handle greater numbers of students than are now enrolling.)

Careers

This group accepts the Joint Statement on careers and recruitment of the American Nurses' Association and NLN, which proposes decentralization of recruitment to the local level. We recommend that:

1. Nursing recruiting teams recruit for all types of programs.

2. In preparing people for counselling, attention be focused on junior and senior high school educators

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7 See Appendix A for sample workbook pages.

8 The products of the State Team issue discussions have been reproduced and distributed to State Team leaders. Extra copies of the material are available through the National League for Nursing, Western Office.

and counselors as well as parent groups, and that these groups should be contacted on a personal basis.

3. Up-to-date, inexpensive brochures be placed in areas such as doctors' offices, schools, and public libraries, and that we capitalize on current nursing publicity and make better use of public communication media such as TV, radio, and newspapers.

4. In view of an apparent breakdown in communication between local, state, and national units of the NLN in obtaining guidance and recruitment material for local use, there should be an investigation of the employment of a part- or full-time recruitment secretary with a permanent address and localization of resources. (Perhaps already existing voluntary community agencies could be utilized.)

Diploma Program

We are ready and expect to assume our responsibility in community planning for the transition in nursing education. During this process, we recommend that:

1. Positive statements be made by all groups regarding recruitment of faculty and students.

2. There be support and understanding of graduates of diploma programs, students presently enrolled, and faculty functioning in these programs.

Inservice and Continuing Education

1. That consideration be given to the need for more people prepared for teaching in inservice and continuing education programs.

2. That definitions of "inservice," "orientation," and "continuing education" be developed and made available to all state leagues.

3. That all states cooperate in compiling a list of facilities providing adult education. (Association of training directors might assist with this, in relation to staff development. Should also include industries providing programs.)

4. That agencies, in planning budgets for services, give consideration to the cost in time and money of inservice and continuing education.

5. That public health give wider dissemination of information about their continuing education programs.

6. That consideration be given to coordination of all existing continuing education programs.

Nursing Service

We recommend that nothing occur anywhere, relative to nursing service, that does not include a representative of nursing service.

Practical/Vocational Nursing

The impact of Federal health care programs necessitates analysis of current nurse education legislation and health personnel utilization. Specifically, we recommend that:

1. Consideration be given to finding ways (including legislation) for articulation of qualified vocational nurse graduates into AD programs, to be preceded by a demonstration project.

2. There be an effort to improve orientation and staff evaluation procedures and continuing education and inservice programs for the LPN/LVN.

3. Attention be given to promoting core curriculum programs suitable for all health occupations. (Would help in recruitment.)

State Boards of Nursing

State boards of nursing can provide data on licensed nurses (registered and licensed vocational). Most state boards can provide data on inactive as well as active nurses. Specifically, we would like to recommend:

1. That boards of nursing strive to work more closely with legislative committees.

2. That nurses in the Western Region study the ANA position paper and further define functions and responsibilities of the technical and professional nurse.

. . . . . .

A notable part of the atmosphere during the two and one half days of work was the direct attack on problems without the usual "warming up" sometimes considered necessary for group activity. There was a minimum of either "haggling over words" or "defining terms," depending on the reader's point of view, and a maximum effort to get down on paper the specific ideas relative to the problem at hand. Readers can determine for themselves whether or not the decisions reached at the end of three days suffered from the lack of term and issue clarification.

Declaration of Concern and Commitment

On Wednesday morning the State Teams re-convened to review the work of the two days and formulate individual and state declarations of intent, concern, and commitment—the culmination of all activities of the preceding two days. These declarations stand by themselves, without need of further explanation:

- A Declaration of Concern and Commitment -

We, the representatives of the State of _____, have met in conference January 16, 17, and 18, 1967, in Las Vegas, Nevada, to review with colleagues of 12 other Western States the plans for providing adequate nursing for the people in our Western Region in the 1970's.

On the basis of our deliberations as a state group and as participants in the Western Regional Council of State Leagues for Nursing, we desire to make known the following:

Alaska

1. We urge that the citizens of our state be informed of the following basic facts about the present nursing situation and the projected needs for nursing services and nursing education in the 1970's:

   a. Annual State Board report concerning number and placement of nurses.

2. We believe that if our state is to have adequate nursing services in the 1970's, we must confront these issues:

   a. Equitable funding for nursing services, including wages and fringe benefits.

3. We recommend that the following individuals, agencies and institutions be involved in the discussion of these issues about nursing services:

   a. Hospital Association.

   b. State Nurses Association.

   c. Alaska State Employees Association.

4. We believe that to insure adequate nursing education in our state in the 1970's, we must confront these issues:

   a. Evaluate present clinical facilities to determine adequacy to meet projected needs for expanding nursing education programs.

5. We recommend that the following individuals, agencies, and institutions be involved in the discussion of these issues about nursing education:

   a. Alaska Methodist University.

   b. University of Alaska.

   c. Legislators.

   d. Commissioner of Health and Welfare.

   e. All civic and interested groups.

   f. Nursing service agency representatives.

6. We urge that the following actions begin or continue in the planning for nursing in our state:

   a. Informing state legislators of facts contained in State Board Report.

   b. Planning for equitable salaries for nursing service and nursing education personnel.

7. As we leave this conference, we pledge ourselves, as a core state group, to take the following action steps in the next 30 days:

   a. To disseminate information about issues raised at this meeting to:

      1) Hospital Association.

      2) Commissioner of Health and Welfare.

      3) Board of Nursing.

   b. News releases to local newspapers regarding this meeting; also to Professional Organization Bulletin. As soon as possible.

   c. Letters to league members within 30 days.

   d. Individual conferences with concerned citizens.

Arizona

1. We urge that the citizens of our state be informed of the following basic facts about the present nursing situation and the projected needs for nursing services and nursing education in the 1970's:

   a. All persons concerned with and involved in nursing education in the state should meet, discuss and plan for long range transition and development of nursing education programs so we can be assured of sufficient numbers of well prepared graduates.

   b. That the citizens of Arizona be made aware of:

      1) the scope of modern health care,

      2) the profile of the modern nurse,

      3) how hospital costs evolved and which segment of this cost is for nursing care.

2. We believe that if our state is to have adequate nursing services in the 1970's, we must confront these issues:

   a. Under our present systems of utilization, a shortage of nursing personnel exists. As a whole, we need to study present utilization methods and determine the deterrents which keep persons from entering or reactivating in nursing. Inherent in this is a study of:

      1) the role of the nurse,

      2) how different categories of nursing personnel are and could be utilized.

   b. As a state we have an obligation to keep all practicing nurses upgraded in order to assure safe nursing practice. Therefore, each nurse needs to show evidence of such upgrading for continued licensure.

   c. We must be assured that adequately prepared personnel are practicing in outlying areas of the state. A system of state subsidy, a traveling faculty or television systems to keep nurses in contact with current methods of practice should be considered.

d. Facts about the state of nursing in Arizona today and the needs for 1970 must be determined. Nursing service representatives must be involved in collection and interpretation of data, in order to provide a base for long-range planning founded on fact rather than piece-meal planning founded on assumption.

e. Consultation with nursing must be considered when plans for expansion or change of service by hospital or agency are being proposed so that proper and adequate nursing services can be provided.

f. We must reappraise and upgrade economic rewards for all nursing service personnel.

3. We recommend that the following individuals, agencies, and institutions be involved in the discussion of these issues about nursing services:

   a. Administrators, directors of nursing or representatives of employing agencies utilizing nurses.

   b. Arizona State Nurses Association.

   c. Arizona League for Nursing.

   d. Arizona State Board of Nursing.

   e. Arizona State Health Department.

   f. Arizona Hospital Association.

   g. Voluntary health agencies.

   h. Arizona Medical Society.

   i. Nursing Home Association.

   j. Newspaper editors.

   k. Administrators of universities and other colleges.

   l. Bankers and other influential citizens.

   m. Consultation from outside the state.

4. We believe that to insure adequate nursing education in our state in the 1970's, we must confront these issues:

   a. Provision of competitive salaries and fringe benefits that will improve the recruitment of prepared faculty to meet the needs of increasing enrollment.

   b. Giving priority to the recruitment and enrollment of students in the baccalaureate program.

   c. Planning for preparation and utilization of faculty from one education program to another as programs are phased out.

   d. Nursing educators must participate with institution administrators in planning for and developing educational programs.

   e. Nursing programs must be interpreted to educators, counsellors and parents, as well as prospective candidates.

   f. Immediate consideration must be given to the need for development of graduate programs in this state.

5. We recommend that the following individuals, agencies, and institutions be involved in the discussion of these issues about nursing education.

   a. Joint Committee to Study Nursing Needs and Resources in Arizona.

   b. Representation on the Joint Committee to include nursing science and nursing education programs.

   c. Representation on the Joint Committee to include the Department of Vocational Education and the State Junior College Board.

6. We urge that the following actions begin or continue in the planning for nursing in our state:

   a. Planning for more creativity and flexibility in the utilization of existing and potential clinical facilities.

   b. Development, in a few key institutions, of in-service programs for new graduates so they will be prepared to work in smaller and rural agencies that do not support their own inservice programs.

   c. Establishment of a state clearing-house for the dissemination of information related to all types of continuing education programs for nurses that are offered both at the regional and local levels.

   d. The Joint Committee to Study Nursing Needs and Resources in Arizona constitutes a nursing service commission to obtain the facts in relation to service within Arizona so that long-range planning may ensue.

7. As we leave this conference, we pledge ourselves, as a core state group, to take the following action steps in the next 30 days:

   a. Meet as a team to formulate recommendations regarding issues and proposed actions defined at this present meeting and submit them to Joint Committee to Study Nursing Needs and Resources in Arizona.

<u>California</u>

1. We urge that the citizens of our state be informed of the following basic facts about the present nursing situation and the projected needs for nursing services and nursing education in the 1970's:

   a. The impact of health programs and legislation on provision of quality and quantity of nursing care.

   b. The multiplicity of health facilities utilizing nursing personnel.

c. That the population explosion has led to increasing utilization of health facilities.

d. That health care is a right and not a privilege and must be provided.

e. The cost, time, type and product of educational programs for preparing nursing personnel (nursing aides, LVNs, RNs, from three types of program, home health aides).

2. We believe that if our state is to have adequate nursing service in the 1970's we must confront these issues:

a. How can we recruit, prepare and reactivate nurses (nursing personnel) to function within the context of modern health care?

b. How can we solve agency staffing problems?

c. How can we pay the nurse equitably in relation to her responsibilities?

d. How can nurses implement their responsibility to participate in comprehensive state health planning? (What is the definition of "nurse" in relation to the health dynamics of today and the future? How are we to establish the fields of nursing responsibility?)

e. Should graduate nurses have an internship?

f. What is the nursing service responsibility for orientation?

g. How can we free nurses of nonnursing functions?

3. We urge that the following actions begin or continue in the planning for nursing in our state:

Action: Support a Western Regional Nursing Service Council.

Recommend that the NLN consider providing a nursing service administration consultant for the Western region.

Target Date: 1967, for both recommendations.

4. As we leave this conference, we pledge ourselves, as a core state group, to take the following action steps in the next 30 days:

Action: To establish an ad hoc nursing service committee (from Bay Area for purposes of geographic proximity to NLN's Western Regional office) to begin action on priority issues and to keep contact with nurse leaders from various states in the region to assure communication of actions by the ad hoc committee.

Target Date: February, 1967. To be initiated by WRCSLN.

Colorado

1. We urge that the citizens of our state be informed of the following basic facts about the present nursing situation and the projected needs for nursing education in the 1970's:

a. Information contained in the publication Today and Tomorrow in Western Nursing (WCHEN).

b. The amount of care being given by auxiliary personnel.

c. The present supply of personnel and projected needs.

d. The numbers of professional nurses being prepared and projected need.

e. The fact that Colorado prepares only 25 percent of its graduate supply.

f. The necessity for providing adequate compensation for nurses.

2. We believe that if our state is to have adequate nursing services in the 1970's, we must confront these issues:

a. The provision of work opportunities for those persons already prepared in nursing but who are inactive or retired, with motivation back into service.

b. The delegation of nonnursing functions to other persons.

c. The provision and continuation of refresher courses available to inactive nursing personnel.

d. The evaluation of the use of those persons already involved in nursing services and use of those persons at the level where they can best function.

e. The evaluation and implementation of changes in the system of nursing service.

f. The stimulation of greater numbers of nurses to go into rural areas.

g. Identification of the need for nursing assistants.

3. We recommend that the following individuals, agencies and institutions be involved in the discussion of these issues about nursing services:

a. CHA

b. CMA

c. Practical Nurse Organization

d. CLN, CNA

e. LPN and RN Boards of Nursing

f. All Schools of Nursing

g. Nursing Service

h. State Health Department

i. General education

j. State and local government groups

k. Regional and district planning groups

l. Greater citizen representation (possibly through Social Security groups)

m. Family service groups

n. Blue Cross

o. Heart and Cancer program representatives

4. We believe that to insure adequate nursing education in our state in the 1970's we must confront these issues:

   a. To what extent does Colorado wish to rely on other states for preparation of nurses? Do we want to continue to be a "debtor state"?

   b. Maximum utilization of educational and clinical facilities that are qualified to participate in nursing education programs.

   c. Getting information to educators and legislators regarding the need for nursing programs within the system of general education.

   d. Preparation of qualified faculty.

   e. Recruiting prospective students who are qualified to enter nursing programs.

   f. Providing pre-service programs for nursing assistants.

   g. Utilization of nurse faculty to their greatest potential with the use of general educators for appropriate subject matter.

   h. Motivation of persons to become involved in a profession because they want to, not because of need alone. (We need to improve the image of nurses. We need highly skilled professional help in motivating prospective students.)

   i. We need more realistic figures available for scholarship help.

   j. We must improve the quality of the student.

   k. We need to provide more information to appropriate persons regarding nursing.

5. We urge that the following actions begin or continue in the planning for nursing in our state:

   a. Planning committee already working in Colorado.

   b. Utilization of studies already available, plus initiation of experimental programs allowing for change.

   c. Setting up a committee for the collection of basic and retrievable data that can be utilized in planning for the future.

   d. The provision of a professional person in a staff position in the Colorado League for Nursing

   e. Setting up nurseries for children of employed nurses.

6. As we leave this conference, we pledge ourselves, as a core state group, to take the following action steps in the next 30 days:

   State Planning: January 19, 1967, 1:00 p.m.
   Whole Committee: January 31.

Other Actions to Begin, Continue, or Support

Action	Target Date	Initiator
a. Colorado Planning Committee for Nursing.	June 1, 1967	Interagency and organizational.
b. Licensing of psychiatric technical and practical nurses.	June 1, 1967	CNA
c. Employment of part-time professional staff to organize and prepare data for the Colorado Planning Committee.		CNA
d. Preparation and testing of curriculums for nursing assistants for hospitals, nursing homes and home health agencies.	Sept., 1967	State Public Health Dept. in cooperation with other agencies.
e. Submission of project grants to retrain inactive nurses in four areas of Colorado.		CPHD, CNA, CU
f. Set up experimental model for utilization of nursing personnel to provide opportunity to study technical and professional nursing practice.	June 20, 1967	CLN
g. Study utilization of personnel today.	May, 1967	State Board of Nursing
h. Metro College launching AD program.	Sept., 1967	Metro College
i. Doctoral program at C.U.	Sept., 1967	C. U.
j. Plan steps for determination of non-nursing functions and their delegation in Boulder.	Jan. 21, 1967	CLN

Action	Target Date	Initiator
k. Contacting educational systems for joint planning for nursing service and nursing education.	Jan. 21, 1967	CLN
l. Motivation of 140 young people into nursing.	June, 1967	CNA
m. Continue the planning process.	Jan. 19, 1967	CLN

Hawaii

1. We urge that the citizens of our state be informed of the following basic facts about the present nursing situation and the projected needs for nursing services and nursing education in the 1970's:
   a. Current nurse-population ratio.
   b. Uneven distribution of RNs in the state who are not actively nursing.
   c. Distribution of nurses according to educational preparation, as compared to NLN recommended ratio.
   d. Types, numbers, purposes and geographic location of nursing programs.
2. We believe that if our state is to have adequate nursing services in the 1970's, we must confront these issues:
   a. Nurses are still performing many nonnursing tasks which limits the time devoted to nursing.
   b. Orientation and inservice programs are not adequately budgeted nor developed and conducted by qualified personnel.
   c. There is uneven distribution of nursing manpower in the state.
   d. There is uneven distribution of nurses in relation to their educational preparation.
3. We recommend that the following individuals, agencies and institutions be involved in the discussion of these issues about nursing services:
   a. Hospital Association
   b. Mecical Association
   c. Professional nurse organizations
   d. State legislators
   e. City and county commissioners, supervisors and planners
   f. State Department of Labor and Manpower
   g. Nurse educators
   h. State Health Department
   i. Hospital administrators
   j. Health and Coordinating Councils
   k. State Board of Nursing
   l. USPHS Consultants
   m. League consultants
4. We believe that to insure adequate nursing education in our state in the 1970's, we must confront these issues:
   a. Shortage of qualified faculty.
   b. Development or expansion of nursing education programs in relation to identified community needs for nursing service.
   c. Differentiation of preparation and qualifications of graduates of the various types of nursing education programs.
5. We recommend that the following individuals. agencies, and institutions be involved in the discussion of these issues about nursing education:
   a. Nurse educators (major responsibility).
   b. Educators in general.
   c. Nursing service leaders.
   d. Community leaders.
   e. Agency directors.
   f. Legislators and other funding groups.
   g. Nursing school alumnae.
   h. Board of Nurse Examiners.
   i. League consultants.
6. We urge that the following actions begin or continue in the planning for nursing in our state:
   a. Setting up of coordinating committees for each of the counties (Islands) of Hawaii, with representatives from nursing service and nursing education.
   b. Continued implementation of recommendations made as a result of a recent survey of the needs for nurses' aides.
   c. Provide continuing education programs of the types identified by a study now in progress.
   d. Continue and strengthen refresher courses.
7. As we leave this conference, we pledge ourselves, as a core state group, to take the following action steps in the next 30 days:
   a. Up-date a study done by Legislative Reference Bureau in 1962 (Nursing and Nursing Education in Hawaii), to provide a sound and realistic base for immediate and long-range plans.
   b. See that this full report is placed in the hands of appropriate agencies and persons, including the Governor of Hawaii.

Idaho

1. We urge that the citizens of our state be informed of the following basic facts about the present nursing situation and the projected needs for nursing services and nursing education in the 1970's:

   a. Present nurse population, including students, as obtained from the annual State Board of Nursing Report just completed.

   b. Projected needs as included in the above report.

2. We believe that if our state is to have adequate nursing services in the 1970's, we must confront these issues:

   a. Planning for equitable funding for salaries and fringe benefits.

3. We recommend that the following individuals, agencies, and institutions be involved in the discussion of these issues about nursing services:

   a. Idaho Hospital Association Coordinating Committee for Nursing Education in Idaho.

   b. Idaho State Nurses Association.

   c. Idaho Practical Nurses Association.

   d. Idaho State Employee's Association.

   e. County commissioners.

   f. State legislators.

   g. Idaho Nursing Home Association.

4. We believe that to insure adequate nursing education in the 1970's, we must confront these issues:

   a. Evaluation of present clinical and educational facilities to determine their adequacy for expanding nursing education programs.

   b. Evaluation and expansion needs to be based on the projected needs of Idaho.

5. We recommend that the following individuals, agencies, and institutions be involved in the discussion of these issues about nursing education:

   a. Idaho Hospital Association Coordinating Committee for Nursing Education in Idaho.

   b. Representatives of universities, colleges, and junior colleges.

   c. Civic and industrial groups.

6. We urge that the following actions begin or continue in the planning for nursing in our state:

   a. Informing state legislators of facts contained in State Board of Nursing report and the necessity for equitable salaries for nursing personnel and more adequate funding for nursing education.

7. As we leave this conference, we pledge ourselves, as a core state group, to take the following action steps in the next 30 days:

   a. Disseminate information about this meeting to various publications and news media.

   b. Report to the Governor.

   c. Report to ILN members.

   d. Report to ISNA members and State Board of Nursing.

   e. Get reports in various organizational bulletins.

   f. Individual personal contact with interested and influential people.

Montana

1. We urge that the citizens of our state be informed of the following basic facts about the present nursing situation and the projected needs for nursing services and nursing education in the 1970's:

   a. Present nursing resources (numbers, preparation, location).

   b. Correlation between supply, demand and distribution. (Approximately 1/3 of the known nurses in Montanna are inactive at present.)

2. We believe that if our state is to have adequate nursing services in the 1970's, we must confront these issues:

   a. Utilization of nursing personnel, especially for nonnursing tasks.

   b. Need for budgeting and staffing for orientation and inservice.

   c. Uneven distribution of nursing personnel (quantity and preparation).

   d. Salaries and job assignments.

   e. Utilization of pool of inactive nurses.

3. We recommend that the following individuals, agencies and institutions be involved in the discussion of these issues about nursing services:

   a. Employers of nurses.

   b. Public and private health agencies.

   c. Legislators.

   d. Educational institutions.

   e. Coordinating councils for health care.

4. We believe that to insure adequate nursing education in our state in the 1970's, we must confront these issues:

   a. Expansion and development of nursing education programs in relation to identified community needs for service in areas of leadership and professional and technical personnel.

b. Differentiation of preparation and qualifications of graduates of the various types of nursing education programs.

5. We recommend that the following individuals, agencies, and institutions be involved in the discussion of these issues about nursing education:

   a. Nurse educators.
   b. Agency directors.
   c. General educators and specialists.
   d. Legislative and funding groups.
   e. Boards of Regents and Boards of Education.
   f. League consultants.

6. We urge that the following actions begin or continue in the planning for nursing in our state:

   a. Development of county or regional committees to assist in planning for adequate nursing education programs to meet health needs.
   b. Survey of expressed needs of nurses.
   c. Provision of refresher course for inactive nurses.
   d. Exploration of types of educational programs available.

7. As we leave this conference, we pledge ourselves, as a core state group, to take the following action steps in the next 30 days:

   Report to:

   a. Governor's office.
   b. State League for Nursing.
   c. Department of Continuing Education.
   d. Committee on Educational Needs of State Board of Nursing.

New Mexico

1. We urge that the citizens of our state be informed of the following basic facts about the present nursing situation and the projected needs for nursing services and nursing education in the 1970's:

   a. To achieve a recommended minimum of 300 nurses to 100,000 population, the state will need an average of 520 new nurses per year until 1971.
   b. There are approximately 400 new registrations from all sources per year, leaving a deficit of 120 per year.
   c. As of the 1964 study, schools of nursing in this state were producing approximately 30 graduates per year.

2. We believe that if our state is to have adequate nursing services in the 1970's, we must confront these issues:

   a. Performance of nonnursing tasks by nurses, depleting time spent in nursing activities.
   b. Equitable adjustment of nursing salaries compared to similar groups.
   c. Adequate budgeting by agencies for inservice education.

3. We recommend that the following individuals, agencies and institutions be involved in the discussion of these issues about nursing services:

   a. Nursing Associations.
   b. Directors and Boards of Agencies using nursing services.
   c. Hospital Associations.
   d. State Boards of Nursing.
   e. Community or Coordinating Councils.
   f. Medical Society.
   g. Public Health Service.
   h. Nursing educators.

4. We believe that to insure adequate nursing education in our state in the 1970's, we must confront these issues:

   a. The need to expand nursing education programs in relation to identified state needs.
   b. The need for a strong, state-wide recruitment program.

5. We recommend that the following individuals, agencies, and institutions be involved in the discussion of these issues about nursing education:

   a. Nursing education program representatives, alumnae groups, allied educational groups.
   b. State Board of Nurse Examiners.
   c. NLN (accrediting representatives).
   d. Legislators and funding groups.
   e. New Mexico Hospital Association, New Mexico Nurses Association, New Mexico League for Nursing.

6. We urge that the following actions begin or continue in the planning for nursing in our state:

   a. Continue efforts for more equitable salaries.
   b. Stimulate the interest of the New Mexico Nurses Association special committee on education to expand its objectives to implement or take action based on New Mexico Nursing Needs and Resources.
   c. Organize planning for refresher courses to attract inactive nurses back into practice.

7. As we leave this conference, we pledge ourselves, as a core state group, to take the following action steps in the next 30 days:

   a. Report this conference back to the New Mexico League with this declaration, and make known

some of the approaches developed here in dealing with the issues.

b. Try to stimulate the interest of the New Mexico Nurses Association special committee on education to expand its objectives.

Nevada

1. We urge that the citizens of our state be informed of the following basic facts about the present nursing situation and the projected needs for nursing services and nursing education in the 1970's:

2. We believe that if our state is to have adequate nursing services in the 1970's, we must confront these issues:

   a. Provision of quality nursing care, to include defining standards.

   b. Provision for continuity of nursing care (communication between and among agencies).

   c. Provision of inservice orientation and education.

   d. Up-grading the nurse's self concept and individual dignity to decrease nursing attrition rate.

3. We recommend that the following individuals, agencies and institutions be involved in the discussion of these issues about nursing services:

   a. NPHA.
   b. NHA.
   c. NSNA.
   d. NMA.
   e. State Board of Nursing.
   f. Educational institutions.

4. We believe that to insure adequate nursing education in our state in the 1970's, we must confront these issues:

   a. An orderly transition from one level of nursing education to the next.

   b. Extending the teacher impact.

   c. Recruitment of teachers and students.

   d. Continuing education.

   e. Definition of quality patient care.

   f. Up-grading the nurse's self concept and individual dignity to cut down attrition rate.

   g. Improved counselling and selection processes.

   h. Better communication within and among educational systems, and with other agencies.

5. We recommend that the following individuals, agencies, and institutions be involved in the discussion of these issues about nursing education: NPHA, NHA, NSNA, NMA, State Board of Nursing, educational institutions, Student Nurse Association.

6. We urge that the following actions begin or continue in the planning for nursing in our state:

   a. The definition of quality nursing care.

   b. The determination of methods for proper selection and counselling for students and employed RNs.

   c. Establishment of a clearing and distribution house for information on educational opportunity.

   d. A project grant for studying extension of teacher impact.

   e. A pilot project for the orderly transition from one level of nursing to the next, by education.

   f. Experimentation with methods of using nonnursing personnel for nonnursing activities so that nurses would be free to give improved patient care.

   g. Interpretation to and alerting of employers and nurses to the need for continued and inservice education.

7. As we leave this conference, we pledge ourselves, as a core state group, to take the following action steps in the next 30 days:

   a. Deliberations of this conference to be presented to the NPHA Implementation Committee. Meeting scheduled for February 15, 1967.

   b. The above committee will be asked to notify allied organizations of the issues and recommended actions.

   c. Report from existing committee to be sent to the Governor.

Oregon

1. We urge that the citizens of our state be informed of the following basic facts about the present nursing situation and the projected needs for nursing services and nursing education in the 1970's:

   a. Kinds and numbers of schools of nursing at present.

   b. Present and projected enrollment.

   c. Interpretation of products of different kinds of nursing programs.

   d. Projected needs for faculty and nursing services.

2. We believe that if our state is to have adequate nursing services in the 1970's, we must confront these issues:

   a. Mobility.

   b. Utilization of nursing personnel.

   c. Recruitment and all its facets.

3. We recommend that the following individuals, agencies, and institutions be involved in the discussion of these issues about nursing services:

   a. Nursing educators and nursing service representatives.

   b. Care-providing agencies.

   c. Citizens.

   d. Health interest groups (i.e., Medical Society, Hospital Association.)

   e. General educators.

   f. Government representatives.

4. We believe that to insure adequate nursing education in our state in the 1970's, we must confront these issues:

   a. Provision for preparation at the graduate level.

      1) Establishment of a graduate education program.

      2) Encouragement and promotion of leaves of absence (educational), sabbaticals, and other financial support for those presently employed.

   b. Adequate financing for nursing education at all levels.

   c. Adequate clinical resources.

   d. Adequately prepared faculty.

   e. Adequate classroom and teaching facilities.

5. We recommend that the following individuals, agencies, and institutions be involved in the discussion of these issues about nursing education:

   State Nursing Commission, with same representatives as #3.

6. We urge that the following actions begin or continue in the planning for nursing in our state:

   Establish a state nursing commission to initiate funding and resources for comprehensive planning for nursing in all health services and for action involved in #1 and #4.

7. As we leave this conference, we pledge ourselves, as a core state group, to take the following action steps in the next 30 days:

   a. Chairman of this group has an appointment with the Governor on January 19, 1967, concerning items recorded in this statement particularly the establishment of a State Nursing Commission.

   b. This group will reconvene in Portland on January 26, 1967, for further planning and action.

Utah

1. We urge that the citizens of our state be informed of the following basic facts about the present nursing situation and the projected needs for nursing services and nursing education in the 1970's.

   a. The lag between present numbers of prepared nurses and the demand for such nurses, which will continue to increase.

   b. The need to determine our potential nurse force (inactive or not registered), and the need for preparation of these people to function.

   c. The need for re-orientation of inactive people for utilization in nursing service.

2. We believe that if our state is to have adequate nursing services in the 1970's, we must confront these issues:

   a. Relieving nurses of nonnursing functions.

   b. Provision of adequate remuneration for nurses' service, comparable to people with same level of preparation.

   c. Budgeting for ongoing education.

   d. Uneven distribution of nursing manpower (due to lack of budgeting, cultural advantages in some areas, recreational advantages in other areas).

3. We recommend that the following individuals, agencies and institutions be involved in the discussion of these issues about nursing services:

   a. Hospital Association

   b. Medical Association.

   c. Nursing profession.

   d. City and County Commission.

   e. State legislature.

   f. Directors of voluntary and official agencies.

   g. Coordinating councils.

4. We believe that to insure adequate nursing education in our state in the 1970's, we must confront these issues:

   a. Lack of prepared faculty.

b. Various kinds of educational programs must clearly define the preparation and qualifications of their graduates.

c. The nursing profession must assume greater responsibility in counseling potential students for differential recruitment.

d. Identification of the number of nurses of each level of preparation needed for current and projected positions.

5. We recommend that the following individuals, agencies, and institutions be involved in the discussion of these issues about nursing education:

   a. Nursing educators.
   b. General educators.
   c. Agency directors.
   d. Board of Examiners.
   e. League consultants.
   f. Alumni representatives.
   g. State legislators and funding bodies.
   h. Community leaders who are in a position of assisting in the interpretation to the public and the provision of finances.

6. We urge that the following actions begin or continue in the planning for nursing in our state:

   a. Continuing education of school counselors regarding the various types of nursing programs (prerequisites and content of programs).

   b. Finding money for nursing education (improvement and extension of facilities, scholarships).

7. As we leave this conference, we pledge ourselves, as a core state group, to take the following action steps in the next 30 days:

   a. Update the 1964 study of nursing personnel in relation to nursing needs in the state (State Health Commission).

   b. Make the public aware of nursing issues--present resources and needs for nursing education and services.

   c. Begin to organize action groups throughout the state to work on defined issues. (Present State League committee to meet early in February.)

   d. Various kinds of education programs must clearly define the preparation and qualifications of their graduates.

Washington

1. We urge that the citizens of our state be informed of the following basic facts about the present nursing situation and the projected needs for nursing services and nursing education in the 1970's:

   a. Demographic studies regarding —

      1) illness and disease patterns.
      2) illness by region.
      3) nursing personnel by position and region.
      4) projected age, distribution and mobility of population.
      5) location, number and size of care agencies and institutions.

   b. Nursing manpower, present and projected:

      1) type and level of education.
      2) active and inactive.

   c. Source of supply (number of schools, type and location).

2. We believe that if our state is to have adequate nursing services in the 1970's, we must confront these issues:

   a. Evaluation of Nursing Services.

   b. Coordination of activities of nursing groups.

   c. Determination of current nurse shortage and projected nurse shortage.

   d. Determination of what we mean by "adequate nursing service," "quality nursing care," "comprehensive nursing," and "skilled nursing."

   e. Get wealth of information now available about nursing into basic, simple language, and usable form.

3. We recommend that the following individuals, agencies and institutions be involved in the discussion of these issues about nursing services:

   a. Persons knowledgeable about the issues.

   b. Persons selected or recommended by State Nurses Association and State League for Nursing.

4. We believe that to insure adequate nursing education in our state in the 1970's, we must confront these issues:

   a. Cost of education.
   b. Need for qualified faculty and nurse researchers.
   c. Uninterrupted supply of nurses with no indiscriminate opening or closing or nursing schools.
   d. Adequate definitions of expectations of graduates of different programs.

e. Coordination and planning for continuing education.

f. Wise and imaginative use of clinical facilities.

5. We urge that the following actions begin or continue in the planning for nursing in our state:

   a. Find out what is already going on and how much has already been done in the state regarding stated issues.

   b. Inform president of WSLN of persons interested and qualified to serve on action and planning committees (for community health services).

6. As we leave this conference, we pledge ourselves, as a core state group, to take the following action steps in the next 30 days:

   a. WSLN president conference with governor.

   b. Send a questionnaire to WSLN membership to ascertain interest in participating in state health planning activities.

   c. Send summary of this meeting to WSLN membership.

   d. Present plans for action committees to state league board.

Wyoming

1. We urge that the citizens of our state be informed of the following basic facts about the present nursing situation and the projected needs for nursing services and nursing education in the 1970's:

   a. What has been done in the past.

   b. Where we are now.

   c. Needs for the future.

   d. What we plan for the future.

2. We believe that if our state is to have adequate nursing services in the 1970's, we must confront these issues:

   a. Assemble basic facts for current report.

   b. See that hospital administrators are adequately informed.

   c. Encourage and support the preparation of directors of nursing services.

   d. Support present plans for nursing education.

   e. Analyze present recruitment programs and plan for improvement.

3. We recommend that the following individuals, agencies and institutions be involved in the discussion of these issues about nursing services:

   a. State Department of Education.

   b. University of Wyoming, College of Nursing.

   c. State Board of Nursing.

   d. State Health Department.

   e. University of Wyoming, Adult Education.

   f. Casper College.

   g. Veterans Administration Hospital.

   h. Chamber of Commerce.

   i. Community Health Council.

   j. Nursing homes.

4. We believe that to insure adequate nursing education in our state in the 1970's, we must confront these issues:

   a. Provision of faculty adequate in quantity and quality.

   b. Evaluation and improvement of clinical facilities.

   c. Encouragement and support of preparation of directors of nursing service.

   d. Provision of adequate assistance to those agencies interested in providing nursing education programs.

5. We recommend that the following individuals, agencies, and institutions be involved in the discussion of these issues about nursing education:

   a. State Board of Nursing.

   b. State Health Department.

   c. State Department of Education.

   d. University of Wyoming, College of Nursing.

   e. University of Wyoming, Adult Education.

   f. Casper College.

   g. Community Health Council.

   h. Nursing homes.

6. We urge that the following actions begin or continue in the planning for nursing in our state:

   a. Encourage the use of resource persons.

   b. Encourage greater use of facilities for education and service.

7. As we leave this conference, we pledge ourselves, as a core state group, to take the following action steps in the next 30 days:

   a. Report the regional and state nursing needs and issues identified here for consideration by the Governor.

   b. Report the results of this conference to other agencies interested in nursing service and education.

   c. Set up an advisory committee to begin planning in relation to the needs outlined in this report.

Specific Actions

Action	Target Date
Report to Governor and Senator	Feb 1, 1967
Report to health agencies	Feb. 1, 1967
Set up steering committee	Feb. 20, 1967
Update Nursing Resource Guide	Feb. 20, 1967
Assemble basic facts	
Identify availability of inactive nursing personnel	
Investigate the possibility of personnel and financing available to carry out this plan	
Set up an advisory committee	March 15, 1967.

IN SUMMARY

It is probably impossible for readers of this report who did not attend the conference to experience even a small part of the feelings and reactions of participants. An approximation of that experience might be obtained by asking such questions as: "When did I last attend a conference that resulted in any specific action by myself and others?" or, "How many meetings have I attended where hours and days were spent identifying issues that an ambiguous 'they' should do something about?" While it is true that some of the 239 participants attending this conference were unable to move from the unidentified "they should" to the committed "I (we) will," the majority of participants did move. Conference format exemplified the demand for multiple and complex tasks to be performed in a fantastically short time, with the expectation that every person there was equal to the demand. The people attending the conference <u>are</u> the problem solvers and planners for their local, state, and regional areas. "They" is a wish-fulfilling figment of the imagination, incapable of action. Whatever the quality of action, it must always start with "I" or "we." It is hoped that one of the most important outcomes of this conference will be that individual participants pursuing post-conference actions they have planned, will discover, re-discover, or confirm the power they actually possess to initiate change.

EVALUATION

In keeping with the total pacing of the conference, participants were asked to fill out evaluation forms Wednesday afternoon. These forms were tabulated while members of the National League for Nursing Committee on Perspectives and other distinguished national guests shared their observations with the total group.

A summary of the evaluation forms indicated that the majority of participants found the conference a rewarding experience. Eighty-nine percent of them recommended that NLN encourage other regions to hold conferences of this kind. Ninety-two percent stated that, if given an opportunity, they would attend another conference of this type. Participants' suggestions for improving similar, follow-up conferences will be referred to planning committees for these conferences.

FUTURE PLANS

In response to the question, "How should WRCSLN follow up this conference to ensure maximum impact?", the majority of people who responded felt that the most helpful thing WRCSLN could do would be to schedule a follow-up conference for feedback as to what actually happened after the conference--and where to go from there.

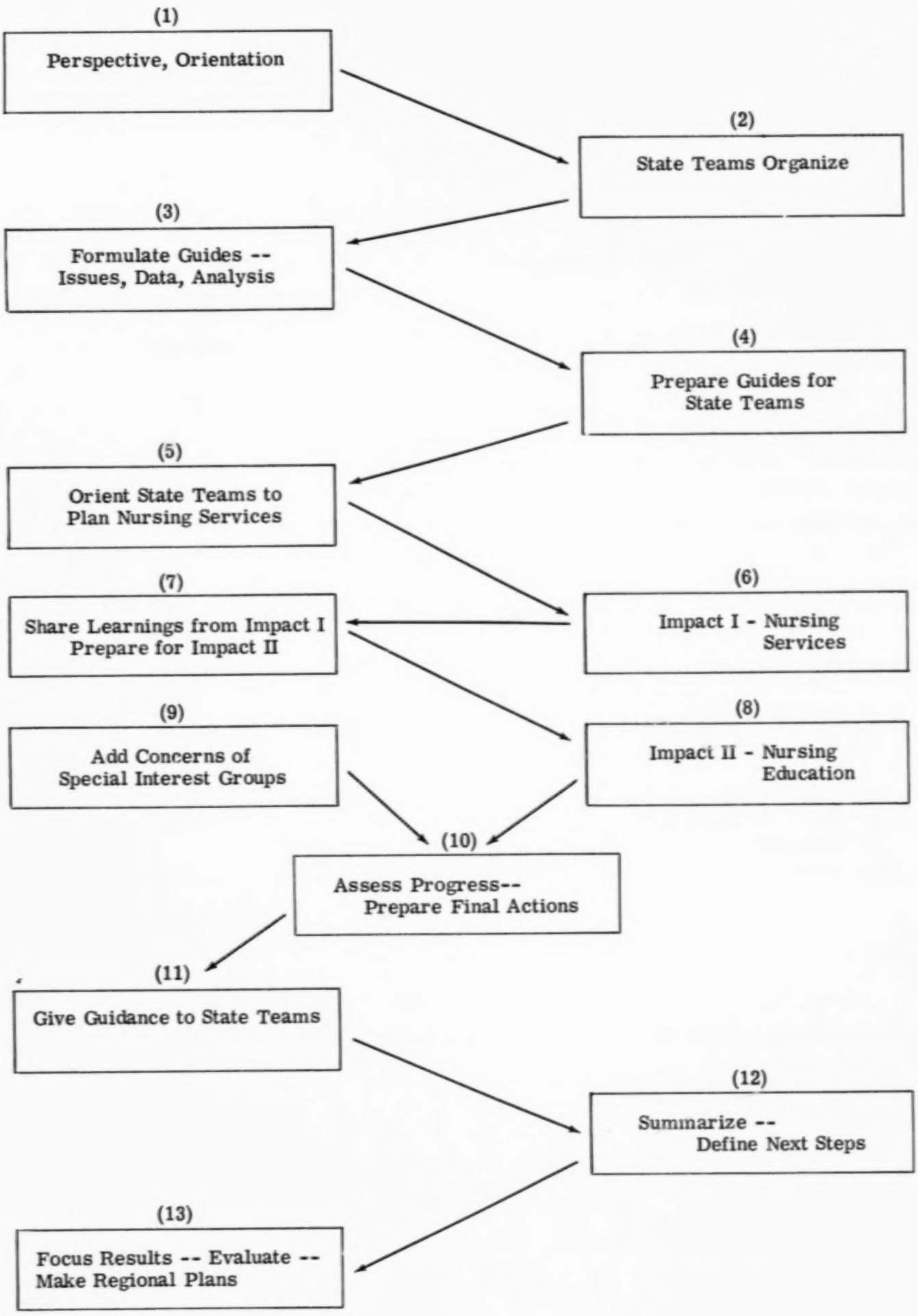
This requested follow-up conference, "Operation Decision: Community Planning for Nursing in the West--Part II," is scheduled to be held Monday, November 13, 1967, in Las Vegas, preceding national departmental councils of member agencies' meetings.

APPENDIX A

Conference Format

MONDAY	TUESDAY	WEDNESDAY
9:00 a.m. General Session Welcome and introductions Dr. Margaret Harty, Chairman Opening addresses: Arthur S. Flemming, L.L.D. Dean Lulu Wolf Hassenplug: "Decision Before Action" Orientation to Operation Decision: Warren H. Schmidt, Ph.D.	9:00 a.m. General Session 9:30 State Teams Nursing Service Issues	9:00 a.m. General Session 9:30 State Teams Review Findings Plan next actions Formulate statement Evaluate
Group Luncheon	No Host Luncheon	No Host Luncheon
1:30 p.m. State Teams Organize for Action	1:30 p.m. General Session	1:00 p.m. General Session State Reports Recommendations Evaluation
2:30 p.m. Regional Advisory Teams 1. Issues) Nursing 2. Data) Services 3. Analysis) 4. Issues) Nursing 5. Data) Education 6. Analysis)	2:00 p.m. State Teams Nursing Education Issues 4:00 p.m. Special Interest Advisory Groups	3:30 p.m. WRCSLN Meeting Dr. Margaret Harty, Chairman Executive Committee SLN Representatives Presidents of SLNs All registrants invited.

CONFERENCE FLOW CHART



The GOAL of this Conference . . .

TO MAKE AN I M P A C T

on

Community, State and Regional Planning

for

Nursing Services and Nursing Education

in the 1970's

To ACHIEVE this Goal, we will . . .

I DENTIFY ISSUES

M OBILIZE DATA

P ROJECT NEEDS

A DVANCE PROPOSALS

C OORDINATE RESOURCES

T AKE ACTION

Let us begin . . . here . . . now

and

Let us continue . . . January 19 . . . back home . . .

WORKBOOK SAMPLE PAGES

Identity of Issues: worksheet used by Regional Advisory Teams to identify nursing service issues

Mobilization of Data: worksheet used by Regional Advisory Teams regarding nursing service issues

Identity of Issues: worksheet used by Regional Advisory Teams to identify nursing education issues

Mobilization of Data: worksheet used by Regional Advisory Teams regarding nursing education issue

Mobilization of Data: worksheet used by State Teams in discussion of assigned nursing service issue

Coordination of Resources: worksheet used by State Teams in discussion of assigned nursing service issue

Advancing Proposals: worksheet used by State Teams in discussion of assigned nursing service issue

Mobilization of Data: worksheet used by State Teams in discussion of assigned nursing education issue

Coordination of Resources: worksheet used by State Teams in discussion of assigned nursing education issue

Advancing Proposals: worksheet used by State Teams in discussion of assigned nursing education issue

Identification of Action: worksheet used by State Teams on Wednesday morning

Declaration of Commitment: Pages used to document decisions by State Terms

Conference Evaluation form

I dentify issues M P A C T

GOAL: ADEQUATE NURSING SERVICE FOR _____ IN THE 1970's

Key Issues in Planning to Reach this Goal . . .

I M obilize Data P roject Needs A C T

GOAL: ADEQUATE NURSING SERVICE FOR _____ IN THE 1970's

Basic Data and Projections

Item	1967 Data *	Projected or Needed in the 1970's

* Or where can it be obtained?

IMPACT

Identify Issues

GOAL: ADEQUATE NURSING EDUCATION FOR _____ IN THE 1970's

Key Issues in Planning to Reach This Goal . . .

I M obilize P roject A C T
Data Needs

GOAL: ADEQUATE NURSING EDUCATION FOR _____ IN THE 1970's

Basic Data and Projections

Item	1967 Data *	Projected or Needed in the 1970's

* Or where can it be obtained?

I M obilize Data P A C T

GOAL: ADEQUATE NURSING SERVICE FOR _____ IN THE 1970's

ISSUE FOR DECISION: _____

_____

Relevant Data . . .	Available from . . .

I M P A C T

Coordinate Resources

GOAL: ADEQUATE NURSING SERVICE FOR _____ IN THE 1970's

ISSUE FOR DECISION: _____

_____

Who could help to decide this issue? (What individuals, agencies, institutions have data, influence, interest?)

Should Be Involved . . .	Because . . .

How could these individuals and groups be brought together? Who could best convene this group?

_____

I M P A C T

Advance Proposals

GOAL: ADEQUATE NURSING SERVICE FOR _____ IN THE 1970's

ISSUE FOR DECISION: _____

_____

Proposed Solutions or Approaches . . .

Criteria to Apply to Proposed Solutions . . .

I Mobilize Data PACT

GOAL: ADEQUATE NURSING EDUCATION FOR _____ IN THE 1970's

ISSUE FOR DECISION: _____

_____

Relevant Data . . .	Available from . . .

I M P A C T

Coordinate Resources

GOAL: ADEQUATE NURSING EDUCATION FOR _____ IN THE 1970's

ISSUE FOR DECISION: _____

_____

Who could help to decide this issue? (What individuals, agencies, institutions have data, influence, interest?)

Should Be Involved . . .	Because . . .

How could these individuals and groups be brought together? Who could best convene this group?

_____

I M P A C T

Advance Proposals

GOAL: ADEQUATE NURSING EDUCATION FOR _____ IN THE 1970's

ISSUE FOR DECISION: _____

_____

Proposed Solutions or Approaches . . .

Criteria to Apply to Proposed Solutions . . .

I M P A C T ake Action

GOAL: TO PROVIDE ADEQUATE NURSING FOR _____ IN THE 1970's

Actions Our State Team Can Take . . .

Action	Target Date	Initiator

PLANNING ADEQUATE NURSING CARE

for

THE STATE OF _____

- A Declaration of Concern and Commitment -

We, the representatives of the State of _____, have met in conference January 16, 17, and 18, 1967, in Las Vegas, Nevada, to review with colleagues of 12 other Western States the plans for providing adequate nursing for the people in our Western Region in the 1970's.

On the basis of our deliberations as a state group and as participants in the Western Regional Council of State Leagues for Nursing, we desire to make known the following:

1. We urge that the citizens of our state be informed of the following basic facts about the present nursing situation and the projected needs for nursing services and nursing education in the 1970's:

2. We believe that if our state is to have adequate nursing services in the 1970's we must confront these issues:

3. We recommend that the following individuals, agencies and institutions be involved in the discussion of these issues about nursing services:

4. We believe that to insure adequate nursing education in our state in the 1970's, we must confront these issues:

5. We recommend that the following individuals, agencies, and institutions be involved in the discussion of these issues about nursing education:

6. We urge that the following actions begin or continue in the planning for nursing in our state:

7. As we leave this conference, we pledge ourselves, as a core state group, to take the following action steps in the next 30 days:

Signed: (List of participants from this state.)

CONFERENCE EVALUATION

Your frank responses to the questions below will be helpful in planning future NLN conferences.

1. In general, how would you rate this conference? (circle one number)

1	2	3	4	5	6
very poor		poor	good		outstanding

2. In what way has this conference been helpful to you personally?

3. What did you find least helpful?

4. Give one or two examples of how you think this conference will influence your state's planning for nursing services and education.

5. How would you rate the value of the various parts of this conference? (check one column for each)

	Very Low	Low	High	Very High
Opening Session (Monday)				
Regional Advisory Team Meeting				
State Team Meetings				
Special Interest Group				
Summary Session (Wednesday)				

6. Would you recommend that NLN encourage other regions to hold conferences of this kind:

_____Yes _____No _____Not sure

Why?

7. If other conferences like this were held, what changes would you suggest?

8. How should WRCSLN follow up this conference to insure maximum impact?

9. If given the opportunity, would you attend another conference of this kind?

_____Yes _____No _____Not sure

(The best month for me is _____).

APPENDIX B

Invitation List

1. Individual and agency members in the West

2. NLN board and committee members in the West

3. Related groups in the West
   - State boards of nursing
   - State nurses associations
   - State health departments
   - State medical societies
   - State hospital associations
   - State nursing homes associations
   - State practical nursing associations
   - State departments of education
   - State junior college associations
   - USPHS regional offices VII, VIII, IX
   - WICHE staff
   - APHA Western Branch
   - Assn. of Western Hospitals

4. National groups (nursing head or exec. director)
   - American Nurses' Association
   - National Federation of Licensed Practical Nurses
   - American Medical Association
   - American Hospital Association
   - National Social Welfare Assembly
   - National Health Council
   - American Council on Education
   - National Tuberculosis Assn.
   - Assn. of Operating Room Nurses
   - Amer. Assn. of Nurse Anesthetists
   - American Nat'l Red Cross
   - Catholic Hospital Association
   - Conf. of Catholic Schools of Nsg.
   - National Student Nurses' Assn.

5. Federal Gov't. agencies
   - Children's Bureau
   - Office of Education
   - Vocational Rehabilitation Admin.
   - Public Health Service
   - National Institutes of Health
   - Armed Services Nurse Corps
   - Dept. of State (AID)
   - Veterans Administration
   - American Assn. of Industrial Nurses

6. Lois Austin letter to state Governors in the West

ROSTER OF PARTICIPANTS

Participants are listed by state. Those attending as representatives of their Governor are indicated by an "*". Out-of-region participants are listed under the agency they represented. Regional representatives are separately listed, as are members of the WRCSLN Executive Committee and the Conference Planning Subcommittee.

WESTERN REGIONAL COUNCIL OF STATE LEAGUES FOR NURSING

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Chairman, Division of Nursing and Health Services
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